

## CEPHALOSPORINS – 3<sup>RD</sup> GENERATION PA SUMMARY

<b>PREFERRED</b>	Cefdinir, Cefdinir suspension, Cefpodoxime, Cefpodoxime suspension, Spectracef, Suprax suspension
<b>NON-PREFERRED</b>	Cedax capsules, Cedax suspension, Cefditoren, Omnicef, Omnicef suspension, Suprax tablets

**LENGTH OF AUTHORIZATION:** 1 Month

### **PA CRITERIA:**

*For Cedax*

- ❖ Physician should submit documentation of the organism being treated as resistant or not susceptible to the preferred products, OR show contraindications, drug-to-drug interactions, or history of intolerable side effects to all of the preferred products.

*For Cefditoren*

- ❖ Physician should submit a written letter of medical necessity stating the reason(s) the preferred products, including brand-name Spectracef, are not appropriate for the member.

*For Suprax tablets*

- ❖ Physician should submit a written letter of medical necessity stating the reason(s) the preferred products, including Suprax suspension, are not appropriate for the member.

### **EXCEPTIONS:**

- ❖ Exceptions to these conditions of coverage are considered through the prior authorization process.
- ❖ The Prior Authorization process may be initiated by calling **SXC Health Solutions at 1-866-525-5827**.

### **PA and APPEAL PROCESS:**

- ❖ For online access to the PA process please go to [www.mmis.georgia.gov/portal](http://www.mmis.georgia.gov/portal), highlight the pharmacy link on the top right side of the page, and click on “prior approval process”.

### **QUANTITY LEVEL LIMITATIONS:**

- ❖ For online access to the current Quantity Level Limit please go to [www.mmis.georgia.gov/portal](http://www.mmis.georgia.gov/portal), highlight Provider Information and click on Provider Manuals. Scroll to the page with Pharmacy Services Part II and select that manual.